

6/21/90

Facility: Rhone-Poulenc

ID No. WAD009282302Date of Inspection: June 20, 1990Date of Report: June 21, 1990Address: 9229 East Marginal Way South
Seattle, Washington 98108Report Prepared by: Jack Boller, Environmental Protection Specialist
Washington Operations Office
EPA Region 10Inspector: Jack Boller, EPA/WOO
Deborah Robinson EPA/WMB
Dave Lundstrom, Ecology/NWRO
Byung Maeng, Ecology/NWROPurpose:

This inspection was conducted to gather information on facility compliance with applicable regulations for management of hazardous waste under the Washington State and United States hazardous waste laws, and to provide EPA oversight of the state program.

General Facility Process Information:

Rhone-Poulenc is located in an industrialized area south of downtown Seattle along the Duwamish Waterway. The facility manufactures Vanillin from Lignon. Lignon is a by-product of the pulp and paper industry and is supplied to Rhone-Poulenc by the Georgia Pacific facility in Bellingham, Washington. The Rhone-Poulenc Seattle plant produces one quarter of the world's supply of Vanillin annually. The plant was formally owned and operated by Monsanto. Prior to 1976 a number of chemical products were manufactured at the site. Since 1976 only Vanillin has been produced there. Most of the wastes are not regulated by EPA, however they are regulated by the state as toxic based on the fish toxicity test. Three waste streams are regulated by EPA. Two of them are lab wastes (methylene chloride and solvent contaminated solids) and the third is strainer solids which is a calcium and sodium sulfite mixture high in copper. Wastes are sent offsite to Chem Security Systems and Chemical Processors.

Permits and Notification:

The facility filed a notification of hazardous waste activity and a part A permit application in 1980 as a generator and storage facility. A revised notification was filed on March 1, 1990 to update the waste generation list. The facility is currently not engaged in storage activity and is in the process of closing the storage unit.

Inspection:

On June 20, 1990 at 9:30 a.m. Dave Lundstrom, Byung Maeng, Deborah Robinson and I arrived at the Rhone-Poulenc facility in Seattle, Washington. Mr. Lundstrom was the lead inspector.

FILE COPY

We entered the facility office and signed in. We were met by Sue Hays the Government Affairs Superintendent and Carrie McNamee the Maintenance and Engineering Supervisor. We moved to a meeting room and began the inspection. Ms. Hays explained the company concerns regarding proprietary process information and asked inspectors to sign a prepared statement agreeing to treat in a confidential manner all information deemed to be proprietary by the company. After reading the statement and explaining EPA's confidentiality process we determined that the statement did not restrict our ability to gather information or conduct the inspection and signed the agreement.

We were joined by Mr. Gary Podrabsky the plant manager. Mr. Podrabsky briefly described the plant process and waste streams. He asked to be briefed on our findings at the end of the inspection and left.

We began a file review. The waste analysis plan and contingency plan appeared to be complete but were both out of date and needed to be updated to show the proper facility name and to confirm phone numbers. No training records were being kept for some plant employees.

There was no inspection plan or log. Manifests and land disposal restriction notifications appeared to be in order. The facility is in the process of renegotiating the closure plan with Ecology due to the unexpected discovery of copper contamination around the closing storage unit.

We toured the facility. Numerous fire extinguishers were located around the site. We checked one and it was properly tagged and had been inspected in May, 1990. There was no waste in the storage area at the time of the inspection. Satellite accumulation areas were being operated at the lab. One for methylene chloride was outside and over 50 feet from the building. A second container for contaminated solids was outside the building approximately ten feet from the door. Strainer solids are collected in metal bins and transferred to roll-off containers for offsite shipment.

Following the site tour we returned to the office for a closing conference. Mr. Podrabsky joined us again. Mr. Lundstrom presented our findings and answered questions. We concluded the inspection and left the site at noon.

Conclusion:

The following deficiencies were noted:

1. Waste analysis plan was not current a violation of 40 CFR Part 265.13 and WAC 173-303-300.
2. Contingency plan was not current a violation of 40 CFR Subpart D and WAC 173-303-350.
3. Weekly inspections were not being done a violation of 40 CFR Part 265.15 and WAC 173-303-320.
4. Satellite accumulation areas were not at or near the point of generation or under the control of the operator a violation of 40 CFR Part 262.34 and WAC 173-303-200.

5. Training records are incomplete a violation of 40 CFR Part 265.16 and WAC 173-303-330.

With regard to EPA's oversight of Mr. Lundstrom no problems were noted. He was familiar with the site and well prepared. He conducted the inspection in a professional and efficient manner.

EXHIBIT IV-1

Date of Inspection
6/20/90GENERAL SITE INSPECTION INFORMATION FORM

A. Site Name Rhone-Poulenc B. Street (or other identifier) 4229 East Marginal Way South
C. City Seattle D. State Wa E. Zip Code 98108 F. County Name King

G. Site Operator Information

1. Name Rhone-Poulenc 2. Telephone Number (206) 764-4465
(Mary Hays)
3. Street 9229 East Marginal Way S. 4. City Seattle 5. State Wa 6. Zip Code 98108

H. Site Description

Chemical production plant

I. Type of Ownership

 1. Federal 2. State 3. County 4. Municipal X 5. Private

J.

X 1. Generator 2. Transporter 3. Treatment X 4. Storage 5. Disposal

K. Regulatory Status

X 1. Interim Status 3. Part B Permit Application Submitted
 2. Permitted Facility 4. Part B Permit Application in Preparation

L.

1. Principal Inspector Name Jack Boller 3. Organization EPA/WOO
2. Title EPS 4. Telephone No. (area code and No.) (206) 753-9428 FTS 434-9428

M. Inspection Participants

1. <u>Dave Lundstrom Ecology</u>	6. <u> </u>
2. <u>Byung Maeng Ecology</u>	7. <u> </u>
3. <u>Deborah Robinson Ecology</u>	8. <u> </u>
4. <u> </u>	9. <u> </u>
5. <u> </u>	10. <u> </u>

EXHIBIT IV-2

GENERAL FACILITY CHECKLIST

Section A - General Facility Standards

1. Does facility have EPA Identification No.? ☒ Yes ☐ No

a. If yes, EPA I.D. No. W A D O 0 4 2 8 2 3 0 2
If no, explain. _____

2. Has facility received hazardous waste from a foreign source? ☐ Yes ☒ No

a. If yes, has it filed a notice with the Regional Administrator? ☒ Yes ☐ No *W/A*

Waste Analysis

3. Does facility maintain a copy of the waste analysis plan at the facility? ☒ Yes ☐ No

a. If yes, does it include:

- facility name incorrect.*
1. Parameters for which each waste will be analyzed? ☒ Yes ☐ No
 2. Test methods used to test for these parameters? ☒ Yes ☐ No
 3. Sampling method used to obtain sample? ☒ Yes ☐ No
 4. Frequency with which the initial analyses will be reviewed or repeated? ☒ Yes ☐ No
 5. (For offsite facilities) waste analyses that generators have agreed to supply? ☒ Yes ☐ No
 6. (For offsite facilities) procedures which are used to inspect and analyze each movement of hazardous waste, including:
 - a. Procedures to be used to determine the identity of each movement of waste. ☒ Yes ☐ No
 - b. Sampling method to be used to obtain representative sample of the waste to be identified. ☒ Yes ☐ No

4. Does the facility provide adequate security through:

a. 24-hour surveillance system (e.g., television monitoring or guards)? ☒ Yes ☐ No

OR

(continued)

EXHIBIT IV-2 (continued)

- b. 1. Artificial or natural barrier around facility (e.g., fence or fence and cliff)? ☒ Yes ☐ No

Describe fence

AND

2. Means to control entry through entrances (e.g., attendant, television monitors, locked entrance, controlled roadway access)? ☒ Yes ☐ No

Describe locked gate

General Inspection Requirements

5. Does the owner/operator maintain a written schedule at the facility for inspecting:

- | | |
|--|---|
| a. Monitoring equipment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Safety and emergency equipment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Security devices: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Operating and structural equipment? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Types of problems of equipment: | |
| 1. Malfunction | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Operator error | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Discharges | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

6. Does the owner/operator maintain an inspection log? ☐ Yes ☒ No

- a. If yes, does it include:

- | | |
|---|---|
| 1. Date and time of inspection? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Name of inspector? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Notation of observations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Date and nature of repairs or remedial action? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

- b. Are there any malfunctions or other deficiencies not corrected? (Use narrative explanation sheet.) ☒ Yes ☐ No

Personnel Training

7. Does the owner/operator maintain personnel training records at the facility? ☐ Yes ☒ No
not for everyone

(continued)

EXHIBIT IV-2 (continued)

How long are they kept? _____

a. If yes, do they include:

1. Job title and written job description of each position?
2. Description of type and amount of training?
3. Records of training given to facility personnel?

~~Yes~~ N/A ~~No~~
~~Yes~~ No
~~Yes~~ No

Requirements for Ignitable, Reactive, or Incompatible Waste

8. Does facility handle ignitable or reactive wastes?

X Yes No

a. If yes, is waste separated and confined from sources of ignition or reaction (open flames, smoking, cutting and welding, hot surfaces, frictional heat), sparks (static, electrical, or mechanical), spontaneous ignition (e.g., from heat-producing chemical reactions), and radiant heat?

1. If yes, use narrative explanation sheet to describe separation and confinement procedures.
2. If no, use narrative explanation sheet to describe sources of ignition or reaction.

b. Are smoking and open flame confined to specifically designated locations?

X Yes No

c. Are "No Smoking" signs posted in hazardous areas?

X Yes No

d. Are precautions documented (Part 264 only)?

~~Yes~~ N/A ~~No~~

9. Check containers

a. Are containers leaking or corroding?

Yes X No

b. Is there evidence of heat generation from incompatible wastes?

Yes X No

Section B - Preparedness and Prevention

1. Is there evidence of fire, explosion, or contamination of the environment? Yes X No

If yes, use narrative explanation sheet to explain.

(continued)

EXHIBIT IV-2 (continued)

2. Is the facility equipped with:

- a. Internal communication or alarm system? ☒ Yes ☐ No
1. Is it easily accessible in case of emergency? ☒ Yes ☐ No
- b. Telephone or two-way radio to call emergency response personnel? ☒ Yes ☐ No
- c. Portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment? ☒ Yes ☐ No
- d. Water of adequate volume for hoses, sprinklers, or water spray system? ☒ Yes ☐ No

1. Describe source of water City of Seattle

3. Is there sufficient aisle space to allow unobstructed movement of personnel and equipment? ☒ Yes ☐ No
4. Has the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (Layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) ☒ Yes ☐ No
5. In the case that more than one police or fire department might respond, is there a designated primary authority? ☒ Yes ☐ No
- a. If yes, name primary authority Seattle
6. Does the owner/operator have phone numbers of and agreements with State emergency response teams, emergency response contractors, and equipment suppliers? ☒ Yes ☐ No
- a. Are they readily available to all personnel? ☒ Yes ☐ No
7. Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? ☒ Yes ☐ No
8. If State or local authorities decline to enter, is this entered in the operating record? ☒ Yes ☐ No

(continued)

EXHIBIT IV-2 (continued)

Section C - Contingency Plan and Emergency Procedures

1. Is a contingency plan maintained at the facility? ☒ Yes ☐ No
- a. If yes, is it a revised SPCC Plan? ☒ Yes ☐ No
- b. Does contingency plan include:
1. Arrangements with local emergency response organizations? ☒ Yes ☐ No
2. Emergency coordinators' names, phone numbers, and addresses? ^{not current} ☒ Yes ☐ No
3. List of all emergency equipment at facility and descriptions of equipment? ☒ Yes ☐ No
4. Evacuation plan for facility personnel? ☒ Yes ☐ No
2. Is there an emergency coordinator on site or on call at all times? ☒ Yes ☐ No

Section D - Manifest System, Recordkeeping, and Reporting

1. Does facility receive waste from offsite? ☐ Yes ☒ No
- a. If yes, does the owner/operator retain copies of all manifests?
1. Are the manifests signed and dated and returned to the generator? ☐ Yes ☒ No
2. Is a signed copy given to the transporter? ☐ Yes ☒ No
2. Does the facility receive any waste from a rail or water (bulk shipment) transporter? ☐ Yes ☒ No
- a. If yes, is it accompanied by a shipping paper?
1. Does the owner/operator sign and date the shipping paper and return a copy to the generator? ☐ Yes ☒ No
2. Is a signed copy given to the transporter? ☐ Yes ☒ No
3. Has the owner/operator received any shipments of waste that were inconsistent with the manifest (manifest discrepancies)? ☐ Yes ☒ No
- a. If yes, has he attempted to reconcile the discrepancy with the generator and transporter?
1. If no, has Regional Administrator been notified? ☐ Yes ☒ No

(continued)

EXHIBIT IV-2 (continued)

4. Does the owner/operator keep a written operating record at the facility? ☒ Yes ☐ No
- a. If yes, does it include: *not an offsite facility*
1. Description and quantity of each hazardous waste received? ☐ Yes ☒ No
 2. Methods and dates of treatment, storage, and disposal? ☐ Yes ☒ No
 3. Location and quantity of each hazardous waste at each location? ☐ Yes ☒ No
 4. Cross-references to manifests/shipping papers? ☐ Yes ☒ No
 5. Records and results of waste analyses? ☐ Yes ☒ No
 6. Report of incidents involving implementation of the contingency plan? ☐ Yes ☒ No
 7. Records and results of required inspections? ☐ Yes ☒ No
 8. Monitoring or testing analytical data (Part 264)? ☐ Yes ☒ No
 9. Closure cost estimates and, for disposal facilities, post-closure cost estimates (Part 264)? ☐ Yes ☒ No
 10. Notices of generators as specified in §264.12(b) (Part 264)? ☐ Yes ☒ No
5. Does the facility submit a biennial report by March 1 every even-numbered year? ☒ Yes ☐ No
- a. If yes, do reports contain the following information:
1. EPA I.D. number? ☒ Yes ☐ No
 2. Date and year covered by report? ☒ Yes ☐ No
 3. Description/quantity of hazardous waste? ☒ Yes ☐ No
 4. Treatment, storage, and disposal methods? ☒ Yes ☐ No
 5. Monitoring data under §265.94(a)(2) and (b)(2) (Part 265)? ☒ Yes ☐ No
 6. Most recent closure and post-closure cost estimates? ☒ Yes ☐ No
 7. For TSD generators, description of efforts to reduce volume/toxicity of waste generated, and actual comparisons with previous year? ☒ Yes ☐ No
 8. Certification signed by owner/operator? ☒ Yes ☐ No
6. Has the facility received any waste (that does not come under the small generator exclusion) not accompanied by a manifest? ☐ Yes ☒ No
- a. If yes, has he submitted an unmanifested waste report to the Regional Administrator? ☐ Yes ☒ No
7. Does the facility submit to the Regional Administrator reports on releases, fires, and explosions; contamination and monitoring data; and facility closure? ☐ Yes ☒ No

EXHIBIT IV-3

LAND DISPOSAL RESTRICTIONS CHECKLIST*

1. Are hazardous wastes land-disposed on site? ("Land disposal" includes placement in a landfill, surface impoundment, waste pile, injection well, land treatment facility, salt dome formation, salt bed formation, underground mine or cave, concrete vault, or bunker intended for disposal purposes; and placement in or on the land by means of open detonation and open burning where residues continue to exhibit hazardous characteristics). ☐ Yes ☒ No
 - a. If yes, are one or more of the following circumstances true:
 1. Granted extension from effective date pursuant to §268.5? ☐ Yes ☒ No
 2. Granted exemption from a prohibition pursuant to a petition under §268.6? ☐ Yes ☒ No
 3. Disposing of soil or debris resulting from a CERCLA response action or a RCRA corrective action, which will not be prohibited until November 8, 1988? ☐ Yes ☒ No
 4. Facility is a small quantity generator of less than 100 kg of hazardous waste per month? ☐ Yes ☒ No
2. Are restricted wastes or residuals from treatment of a restricted waste diluted in any way prior to disposal? ☐ Yes ☒ No
3. Are there active surface impoundments used for treatment of hazardous wastes? ☐ Yes ☒ No
 - a. If yes, does the unit's design and operation meet the requirements set forth in §268.4? ☐ Yes ☒ No *N/A*
4. Has the facility sought exemption from any prohibition under Subpart C of §268 for the disposal of a restricted hazardous waste? ☐ Yes ☒ No
 - a. If yes, has the facility's demonstration included the required components (waste I.D., waste analysis, comprehensive environmental characterization of unit site, QA/QC plan, sampling, testing, modeling)? ☐ Yes ☒ No *N/A*
5. Has the facility determined whether it generates a restricted waste through waste analysis? ☒ Yes ☐ No
 - a. If yes, is the facility, in fact, handling a restricted waste(s)? ☒ Yes ☐ No

(continued)

EXHIBIT IV-3 (continued)

- b. If yes, does the restricted waste require treatment? ☒ Yes ☐ No
- c. If yes, has the generator notified the treatment facility in writing, and does the notification include all required components ([PA hazardous waste number, corresponding treatment standard, manifest number of shipment])? ☒ Yes ☐ No
6. Does the facility handle EPA Hazardous Waste Nos. F001 through F005 (solvent wastes)? ☒ Yes ☐ No
- a. If yes, do any of the following conditions apply:
1. The generator of the solvent waste is a small quantity generator (not more than 1000 kg/month)? ☐ Yes ☒ No
 2. The solvent waste is generated from a CERCLA response corrective action? ☐ Yes ☒ No
 3. The solvent waste is a solvent-water mixture, solvent containing sludge, or Solvent-contaminated soil (non-CERCLA or RCRA corrective action) containing less than 1 percent total F001 through F005 solvent constituents. ☐ Yes ☒ No
- b. If no, have any of these restricted wastes been land-disposed (except in an injection well) since November 8, 1986? ☐ Yes ☒ No
7. Does the facility handle EPA Hazardous Waste Nos. F020, F021, F023, F026, F027, or F028 (dioxin-containing wastes)? ☐ Yes ☒ No
- a. If yes, do any of the following conditions apply:
1. Wastes are treated to meet standards of Subpart D of §268? ☐ Yes ☒ No
 2. Wastes are disposed of at a facility that has been granted a petition? ☐ Yes ☒ No
 3. An extension has been granted? ☐ Yes ☒ No
- b. If no, will these restricted wastes be land disposed after November 8, 1988? ☐ Yes ☒ No
8. Are restricted wastes being treated? ☐ Yes ☒ No
- a. If yes, have any of their associated hazardous constituents exceeded the "Constituent in Waste Extract" (CWE) levels? ☒ Yes ☐ No

*See OSWER Dir. No. 9938.1A (LDR Inspection Manual) for more detailed guidance!

EXHIBIT IV-4

GENERATOR'S CHECKLIST

Section A - EPA Identification No.

1. Does generator have EPA I.D. No? ☒ Yes ☐ No
- a. If yes, EPA I.D. No. WAD 009 282302

Section B - Manifest

1. Does generator ship waste offsite? ☒ Yes ☐ No
- a. If no, do not fill out Sections B and D.
- b. If yes, identify primary offsite facility(s). Use narrative explanation sheet. *Chem Security*
Chem pro
2. Does generator use manifest? ☒ Yes ☐ No
- a. If no, is generator a small quantity generator (generating between 100 and 1000 kg/month)? ☐ Yes ☒ No
1. If yes, does generator indicate this when sending waste to a TSD facility? ☐ Yes ☒ No *N/A*
- b. If yes, does manifest include the following information?
1. Manifest document No. ☒ Yes ☐ No
2. Generator's name, mailing address, telephone No. ☒ Yes ☐ No
3. Generator EPA I.D. No. ☒ Yes ☐ No
4. Transporter Name(s) and EPA I.D. No.(s) ☒ Yes ☐ No
5. a. Facility name, address, and EPA I.D. No. ☒ Yes ☐ No
- b. Alternate facility name, address, and EPA I.D. No. ☒ Yes ☐ No
- c. Instructions to return to generator if undeliverable ☒ Yes ☐ No
6. Waste information required by DOE - shipping name, quantity (weight or vol.), containers (type and number) ☒ Yes ☐ No

(continued)

EXHIBIT IV-4 (continued)

7. Emergency information (optional)
(special handling instructions, telephone No.) ☒ Yes ☐ No

8. Is the following certification on each manifest form? ☒ Yes ☐ No

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

9. Does generator retain copies of manifests? ☒ Yes ☐ No

If yes, complete a through e.

a. 1. Did generator sign and date all manifests? ☒ Yes ☐ No
2. Who signed for generator?

Name _____ Title _____

b. 1. Did generator obtain handwritten signature and date of acceptance from initial transporter? ☒ Yes ☐ No
2. Who signed and dated for transporter?

Name _____ Title _____

c. Does generator retain one copy of manifest signed by generator and transporter? ☒ Yes ☐ No

d. Do returned copies of manifest include facility owner/operator signature and date of acceptance? ☒ Yes ☐ No

e. Does generator retain copies for 3 years? ☒ Yes ☐ No

Section C - Hazardous Waste Determination

1. Does generator generate solid waste(s) listed in Subpart D (List of Hazardous Waste)? ☒ Yes ☐ No

a. If yes, list waste and quantities F003
(include EPA Hazardous Waste No.)

(continued)

EXHIBIT IV-4 (continued)

2. Does generator generate solid waste(s) listed in Subpart C that exhibit hazardous characteristics? (corrosivity, ignitability, reactivity, EP toxicity) ☒ Yes ☐ No
- a. If yes, list wastes and quantities (include EPA Hazardous Waste No.) Copper wastes
- b. Does generator determine characteristics by testing or by applying knowledge of processes? Testing
1. If determined by testing, did generator use test methods in Part 261, Subpart C (or equivalent)? ☒ Yes ☐ No
- a. If equivalent test methods used, attach copy of equivalent methods used.
3. Are there any other solid wastes generated by generators? ☒ Yes ☐ No
- a. If yes, did generator test all wastes to determine nonhazardous characteristics? ☒ Yes ☐ No
1. If no, list wastes and quantities deemed nonhazardous or processes from which nonhazardous waste was produced (use additional sheet if necessary).
-
-
-

Section D - Pretransport Requirements

1. Does generator package waste in accordance with 49 CFR 173, 178, and 179 (DOT requirements)? ☒ Yes ☐ No
2. a. Are containers to be shipped leaking or corroding? ☒ Yes ☒ No
- b. Use sheet to describe containers and condition.
- c. Is there evidence of heat generation from incompatible wastes in the containers? ☐ Yes ☒ No
3. Does generator follow DOT labeling requirements in accordance with 49 CFR 172? ☒ Yes ☐ No
4. Does generator mark each package in accordance with 49 CFR 172? ☒ Yes ☐ No
- (continued)

EXHIBIT IV-4 (continued)

5. Is each container of 110 gallons or less marked with the following label? ☒ Yes ☐ No

Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator name(s) and address(es) _____

Manifest document No. _____

6. Does generator have placards to offer to transporters? ☒ Yes ☐ No

7. Accumulation time

- a. Are containers used to temporarily store waste before transport? ☒ Yes ☐ No

1. If yes, is each container clearly dated: Also, fill out rest of No. 7 (accum. time) ☒ Yes ☐ No

- b. 1. Does generator inspect containers for leakage or corrosion? (265.174 - Inspections) ☒ Yes ☒ No

2. If yes, with what frequency? _____

- c. Does generator locate containers holding ignitable or reactive waste at least 15 meters (50 feet) from the facility's property line? (265.176 - Special Requirements for Ignitable or Reactive Wastes) ☒ Yes ☐ No

NOTE: If tanks are used, fill out checklist for tanks.

- d. Are the containers labeled and marked in accordance with Section D-3, -4, and -5 of this form? ☒ Yes ☐ No

NOTE: If generator accumulates waste on site, fill out checklist for General Facilities, Subparts C and D.

- e. Does generator comply with requirements for personnel training? (Attach checklist for 265.16 - Personnel Training.) ☒ Yes ☐ No

8. Describe storage area. Use photos and narrative explanation sheet.

EXHIBIT IV-4 (continued)

Section E - Recordkeeping and Records

1. Does generator keep the following reports for 3 years?

- | | | |
|---|---|-----------------------------|
| a. Manifests and signed copies from designated facilities | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Annual reports | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Exception reports | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Test results | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Where are the records kept (at facility or elsewhere)? at facility

3. Who is in charge of keeping the records?

Name Mary Hays Title _____

Section F - Special Conditions

1. Has generator received from or transported to a foreign source any hazardous waste? ☐ Yes ☒ No

- | | | |
|--|---|--|
| a. If yes, has he filed a notice with the Regional Administrator? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Is this waste manifested and signed by a foreign cosignee? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. If generator transported wastes out of the country, has he received confirmation of delivered shipment? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

EXHIBIT IV-6
CONTAINERS CHECKLIST

Section A - Use and Management

1. Are containers in good condition? ☒ Yes ☐ No

Section B - Compatibility of Waste With Container

1. Is container made of a material that will not react with the waste which it stores? ☒ Yes ☐ No

Section C - Management of Containers

1. Is container always closed while holding hazardous waste? ☒ Yes ☐ No
2. Is container handled so that it will not be opened, handled, or stored in a manner which may rupture it or cause it to leak? ☒ Yes ☐ No

Section D - Inspections

1. Does owner/operator inspect containers at least weekly for leaks and deterioration? ☐ Yes ☒ No

Section E - Containment (Part 264)

1. Do container storage areas have a containment system? ☒ Yes ☐ No

Section F - Ignitable and Reactive Waste

1. Are containers holding ignitable and reactive waste located at least 15 m (50 ft) from facility property lines? ☒ Yes ☐ No

Section G - Incompatible Waste

1. Are incompatible wastes or materials placed in the same containers? ☐ Yes ☒ No
2. Are hazardous wastes placed in washed, clean containers when they previously held incompatible waste? ☒ Yes ☐ No

(continued)

EXHIBIT IV-6 (continued)

3. Are incompatible hazardous wastes separated from each other by a berm, dike, wall, or other device? ☒ Yes ☐ No

Section H - Closure (Part 264)

1. At closure, were all hazardous wastes and associated residues removed from the containment system? ☒ Yes ☐ No
- NTA*

I. HANDLER IDENTIFICATION

II. GENERATOR COMPLIANCE

A. F-Solvent Identification

1. Does the handler generate the following wastes?

a. F001 Yes X No

b. F002 X Yes No

c. F003 Yes X No

If an F003 wastestream listed solely for ignitability has been mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic? Yes ☐ No ☒

d. F004 ___ Yes X No

e. F005 ___ Yes X No

2. Source of the above: Form 8700-12 ____; Part A ____; Part B ____;
other (specify) Annual Report and manifest.

Appendix A is intended to assist the inspector and enforcement official in determining whether the facility is generating F-solvent wastes, if such wastes were not identified by the facility previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below:

Handler Name: _____
 ID Number: _____
 Inspector: _____
 Date: _____

B. BDAT Treatability Group - Treatment Standards Identification

Comments

1. Did the generator correctly determine the appropriate treatability group [268.41] of the waste (Wastewaters containing solvents, pharmaceutical wastewaters containing spent methylene chloride, all other spent solvent wastes)?

☒ Yes ☐ No

C. Waste Analysis

1. Did the generator determine whether the waste exceeds treatment standards based on [268.7(a)]:

a. Knowledge of wastes

☒ Yes ☐ No

b. TCLP

☐ Yes ☒ No

c. Other (specify) _____

If knowledge, note how this is adequate:

Use pure methylene chloride for chemical extract. Excess is primarily spent solvent.

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: N/A

Note any problems: _____

- d. Were wastes tested using TCLP when a process or wastestream changed?

☐ Yes ☐ No N/A

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [268.7(a)(2)]?

☒ Yes ☐ No
☐ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [268.3]

☐ Yes ☒ No

D. Management

1. Onsite management

- a. Were F-solvent wastes managed onsite?

☒ Yes ☐ No

Satellite accumulation.

If yes, answer 1(b) and (c); if no, answer 2.

Handler Name: _____
 ID Number: _____
 Inspector: _____
 Date: _____

- b. For wastes that exceed treatment standards, was treatment, storage, and/or disposal conducted?

___ Yes ☒ No

Comments

Only < 90 day storage.

If yes, TSD Checklist must be completed.

- c. Are test results maintained in the operating record [264.74(b)3/265.73(b)(3)]?

___ Yes ___ No

No test results. Utilize process knowledge.
 N/A

2. Offsite Management

- a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

(i) EPA waste number? ___ Yes ___ No

(ii) Applicable treatment standard? ___ Yes ___ No

(iii) Manifest number? ___ Yes ___ No

(iv) Waste analysis data, if available? ___ Yes ___ No

At the time of the inspection, the facility representatives were not aware of this requirement. I explained what was required for F wastes. On 4/4/88, Sue Hayes of Rhone Poulenc called me and said that the required notification was sent to the receiving facility (Chem-Pro) along with the manifest. Sue was not present on the day of my inspection.

Identify offsite treatment facilities Chem-Pro

- b. If F-solvent wastes did not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

(i) EPA Hazardous waste number? ___ Yes ___ No

(ii) Applicable treatment standard? ___ Yes ___ No

(iii) Manifest number? ___ Yes ___ No

(iv) Waste analysis data, if available? ___ Yes ___ No

(v) Certification that waste meets treatment standards? ___ Yes ___ No

Identify land disposal facilities receiving the BDAT certified wastes _____

N/A



Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

- c. If waste is subject to nationwide variance [268.30] (e.g., solvent-water mixtures less than 1%), case-by-case extension [268.5] or petition [268.6] does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

Comments

____ Yes ____ No *N/A*

E. Storage of F-Solvent Waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG) [268.50(a)(1)]?

____ Yes ☒ No

If yes, was facility operating as a TSD under interim status or final permit?

____ Yes ____ No *N/A*

If yes, TSDF Checklist must be completed.

F. Treatment Using RCRA 264/265 Exempt Units or Processes
(i.e., boilers, furnaces, distillation units, wastewater treatment tanks, etc.)

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

____ Yes ☒ No

If yes, list type of treatment unit and processes

If the residuals from a RCRA-exempt treatment unit are above the treatment standards, the owner/operator is considered a generator of restricted waste. The inspector should determine whether the generator requirements, particularly waste identification requirements, have been met for the treatment residuals.

Handler Name: _____
 ID Number: _____
 Inspector: _____
 Date: _____

APPENDIX A

Comments

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Analytical Chemistry Use.

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexanone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ☐ Yes, ☒ No

N/A

Handler Name: _____
 ID Number: _____
 Inspector: _____
 Date: _____

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

Comments

cresols and cresylic acid
 nitrobenzene

Yes No
 Yes No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
 methyl ethyl ketone
 carbon disulfide
 isobutanol
 pyridine

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

(a) Chemical carriers?

Yes No

If the answer is yes, list the constituents.

(b) Degreasing/cleaning?

Yes No

If the answer is yes, list the constituents.

(c) Diluents?

Yes No

If the answer is yes, list the constituents.

Handler Name: _____
 ID Number: _____
 Inspector: _____
 Date: _____

(d) Extractants? _____ Yes ☒ No

Comments

If the answer is yes, list the constituents.

Except in laboratory. Methylene chloride

(e) Fabric scouring? _____ Yes ☒ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media? _____ Yes ☒ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. ☒ Yes ☐ No

8. If the waste is a mixture of constituents as determined in questions 1-7, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5% methylene chloride
 2% trichloroethylene
 25% 1,1,1-trichloroethane
 68% mineral spirits
100%

If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

33% acetone
16% methanol
51% ethyl ether
100%

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste.

For example:

50% xylene F003
12% TCE F001
38% mineral spirits
100%

If in light of the above, the handler appears to be generating F001-f005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L)	
	WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl alcohol	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	0.75
Methyl isobutyl ketone	0.05	0.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichloro 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15